

**WASHINGTON STATE DEPARTMENT OF HEALTH
FAMILY PLANNING AND REPRODUCTIVE HEALTH
ON-SITE MONITOR TOOL FOR TITLE X AGENCIES**

CLINICAL SERVICES SECTION		Compliance?		Comments	Follow-up or Corrective Action Needed with Due Date
		Yes	No		
TX 7.0	CLIENT SERVICES				
M	Clinical services are provided under the responsibility of a physician with experience or special training in family planning.	<input type="checkbox"/>	<input type="checkbox"/>		
M	Agency offers a broad range of acceptable/effective medically approved methods including NFP and ECP onsite or by referral.	<input type="checkbox"/>	<input type="checkbox"/>		
S	Agency makes available all contraceptive methods approved by FDA.	<input type="checkbox"/>	<input type="checkbox"/>		
M	Agency provides clinical, informational, educational, social and referral services relating to family planning.	<input type="checkbox"/>	<input type="checkbox"/>		
TX 7.1	Service Plan and Protocols				
M	Agency provides the full range of services as outlined in their service plan.	<input type="checkbox"/>	<input type="checkbox"/>		
M	Agency clinical protocols and plans are consistent with TX Guidelines.	<input type="checkbox"/>	<input type="checkbox"/>		
M	The site Medical Director signs off agency clinical protocols and plans for client education.	<input type="checkbox"/>	<input type="checkbox"/>		
M	Agency clinical protocols have been approved by FPRH	<input type="checkbox"/>	<input type="checkbox"/>		
TX 7.2	Procedural Outline				
	At the initial visit, clients are offered the following:				
M	• Education based on clients needs & knowledge	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Counseling to allow client to make informed decisions	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Informed consent for physical examination & treatment	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Informed consent for specific contraceptive method chosen by client	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Personal & family medical & social history	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Examination & necessary clinical procedures	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Laboratory testing	<input type="checkbox"/>	<input type="checkbox"/>		

M = Must S = Should

**WASHINGTON STATE DEPARTMENT OF HEALTH
FAMILY PLANNING AND REPRODUCTIVE HEALTH
ON-SITE MONITOR TOOL FOR TITLE X AGENCIES**

CLINICAL SERVICES SECTION		Compliance?		Comments	Follow-up or Corrective Action Needed with Due Date
		Yes	No		
M	<ul style="list-style-type: none"> Provision of medications and/or supplies 	<input type="checkbox"/>	<input type="checkbox"/>		
M	<ul style="list-style-type: none"> Referral as needed 	<input type="checkbox"/>	<input type="checkbox"/>		
M	<ul style="list-style-type: none"> Mechanisms for follow-up At a return visit, clients are offered the following:	<input type="checkbox"/>	<input type="checkbox"/>		
M	<ul style="list-style-type: none"> Updated History 	<input type="checkbox"/>	<input type="checkbox"/>		
M	<ul style="list-style-type: none"> Physical examination focused 	<input type="checkbox"/>	<input type="checkbox"/>		
M	<ul style="list-style-type: none"> Laboratory testing 	<input type="checkbox"/>	<input type="checkbox"/>		
M	<ul style="list-style-type: none"> Follow-up and referrals 	<input type="checkbox"/>	<input type="checkbox"/>		
S	Client return visits (<i>excluding routine supply visits</i>) include an assessment of the client's health status, current complaints, evaluation of birth control method, and opportunity to change methods.	<input type="checkbox"/>	<input type="checkbox"/>		
M	<ul style="list-style-type: none"> Services offered to clients and provided to clients are documented in client record 	<input type="checkbox"/>	<input type="checkbox"/>		
TX 7.3	Emergencies Agency written protocols for medical emergencies are current and include the following situations:				
M	<ul style="list-style-type: none"> Vaso-vagal reactions / Syncope 	<input type="checkbox"/>	<input type="checkbox"/>		
M	<ul style="list-style-type: none"> Anaphylaxis 	<input type="checkbox"/>	<input type="checkbox"/>		
M	<ul style="list-style-type: none"> Cardiac arrest/Respiratory difficulties 	<input type="checkbox"/>	<input type="checkbox"/>		
M	<ul style="list-style-type: none"> Shock / Hemorrhage 	<input type="checkbox"/>	<input type="checkbox"/>		
M	<ul style="list-style-type: none"> Emergencies requiring transport 	<input type="checkbox"/>	<input type="checkbox"/>		
M	<ul style="list-style-type: none"> After hours management of contraceptive emergencies 	<input type="checkbox"/>	<input type="checkbox"/>		
M	<ul style="list-style-type: none"> Clinic emergencies (<i>e.g. fire, vandalism</i>) 	<input type="checkbox"/>	<input type="checkbox"/>		
M	Staff are familiar with their role during an emergency	<input type="checkbox"/>	<input type="checkbox"/>		
S	Training for emergencies (<i>including CPR</i>) is available to staff.	<input type="checkbox"/>	<input type="checkbox"/>		

M = Must S = Should

**WASHINGTON STATE DEPARTMENT OF HEALTH
FAMILY PLANNING AND REPRODUCTIVE HEALTH
ON-SITE MONITOR TOOL FOR TITLE X AGENCIES**

CLINICAL SERVICES SECTION		Compliance?		Comments	Follow-up or Corrective Action Needed with Due Date
		Yes	No		
TX 7.4	Referrals and Follow-Up				
M	Agency has written policies and procedures for follow-up on referrals made as a result of abnormal physical examination or laboratory test finding.	<input type="checkbox"/>	<input type="checkbox"/>		
	Agency has formal agreements with referral agencies for required services which include:				
M	• Description of the services provided	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Reimbursement conditions	<input type="checkbox"/>	<input type="checkbox"/>		
M	Agency policy on follow-up of referrals is sensitive to client's concern for confidentiality and privacy.	<input type="checkbox"/>	<input type="checkbox"/>		
M	Agency refers to other providers those clients requiring services beyond its scope of care.	<input type="checkbox"/>	<input type="checkbox"/>		
M	Agency provides pertinent client information to the referral provider.	<input type="checkbox"/>	<input type="checkbox"/>		
M	Agency obtains client's consent to provide information to referral provider, except as required by law.	<input type="checkbox"/>	<input type="checkbox"/>		
M	Agency obtains client's consent to provide information to referral providers in a manner which safeguards confidentiality.	<input type="checkbox"/>	<input type="checkbox"/>		
M	Agency advises clients on their responsibility to comply with referral	<input type="checkbox"/>	<input type="checkbox"/>		
M	Agency counsels client on importance of referral.	<input type="checkbox"/>	<input type="checkbox"/>		
M	Agency counsels clients on importance of method agreed upon for follow-up.	<input type="checkbox"/>	<input type="checkbox"/>		
M	Protocols have been developed for ensuring referrals are not lost to follow-up.	<input type="checkbox"/>	<input type="checkbox"/>		
M	Agency maintains referral list that includes health care providers, local HHS departments, hospitals, voluntary agencies, and health services projects, supported by Federal programs.	<input type="checkbox"/>	<input type="checkbox"/>		
TX 8.0	REQUIRED SERVICES				
M	Informed consent to receive services obtained prior to receiving clinical services.	<input type="checkbox"/>	<input type="checkbox"/>		

M = Must S = Should

**WASHINGTON STATE DEPARTMENT OF HEALTH
FAMILY PLANNING AND REPRODUCTIVE HEALTH
ON-SITE MONITOR TOOL FOR TITLE X AGENCIES**

CLINICAL SERVICES SECTION		Compliance?		Comments	Follow-up or Corrective Action Needed with Due Date
		Yes	No		
TX 8.1	Client Education				
M	Agency has a written plan for client education. The plan includes goals and content outlines which ensure consistency and accuracy of information provided by staff. Client education is:	<input type="checkbox"/>	<input type="checkbox"/>		
S	• Presented in an unbiased manner	<input type="checkbox"/>	<input type="checkbox"/>		
S	• Appropriate for client's age, knowledge, language, and socio-cultural background	<input type="checkbox"/>	<input type="checkbox"/>		
S	• Documented in client record	<input type="checkbox"/>	<input type="checkbox"/>		
S	A mechanism to determine if the information provided the client was understood. Education provides information needed to:	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Make informed decisions about family planning.	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Use specific methods of contraception and identify adverse effects	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Understand the benefits and risks, effectiveness, potential side effects, complications, discontinuation issues, and danger signs of contraception method chosen.	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Perform a SBE/STE.	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Reduce client's risk of acquiring or transmitting and STD or HIV.	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Understand the range of available services.	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Understand the purpose and sequence of clinic procedures.	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Understand importance of recommended screening tests and other procedures.	<input type="checkbox"/>	<input type="checkbox"/>		
S	• Understand basic female and male reproductive anatomy and physiology.	<input type="checkbox"/>	<input type="checkbox"/>		
S	• Understand the value of fertility regulation in maintaining individual and family health.	<input type="checkbox"/>	<input type="checkbox"/>		
S	• Understand issues related to nutrition, exercise smoking, cessation, alcohol/ drug abuse, domestic violence, and sexual abuse.	<input type="checkbox"/>	<input type="checkbox"/>		

M = Must S = Should

**WASHINGTON STATE DEPARTMENT OF HEALTH
FAMILY PLANNING AND REPRODUCTIVE HEALTH
ON-SITE MONITOR TOOL FOR TITLE X AGENCIES**

CLINICAL SERVICES SECTION		Compliance?		Comments	Follow-up or Corrective Action Needed with Due Date
		Yes	No		
M	Agency uses written, contraceptive method specific consent form which:	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Signed by the client before receiving a prescription change.	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Part of the client's record.	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Written in a language understood by the client or are translated and witnessed by an interpreter.	<input type="checkbox"/>	<input type="checkbox"/>		
S	• Contain a statement that the client has been counseled, provided with appropriate informational material, and understands content of both.	<input type="checkbox"/>	<input type="checkbox"/>		
S	• Updated when there is a major change in client's health or change in prescriptive method.	<input type="checkbox"/>	<input type="checkbox"/>		
TX 8.2	Counseling				
M	• Documentation of counseling is included in client's record	<input type="checkbox"/>	<input type="checkbox"/>		
S	• Counselors are sufficiently knowledgeable to provide accurate information regarding the benefits and risk, safety, effectiveness, potential side effects, complications, discontinuation issues and danger signs of the various contraceptive methods	<input type="checkbox"/>	<input type="checkbox"/>		
S	• Counselors are objective, non-judgmental, sensitive to rights and differences of clients, culturally aware, able to create a comfortable environment for client, and knowledgeable about other services offered by the agency. Counseling with client involves individualized dialogue which covers:	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Results of physical exam and lab tests.	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Effective use of contraceptive methods.	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Benefits and efficacy of methods.	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Potential side effects/complications	<input type="checkbox"/>	<input type="checkbox"/>		
M	• How to discontinue method selected.	<input type="checkbox"/>	<input type="checkbox"/>		

M = Must S = Should

**WASHINGTON STATE DEPARTMENT OF HEALTH
FAMILY PLANNING AND REPRODUCTIVE HEALTH
ON-SITE MONITOR TOOL FOR TITLE X AGENCIES**

CLINICAL SERVICES SECTION		Compliance?		Comments	Follow-up or Corrective Action Needed with Due Date
		Yes	No		
M	• Contraceptive back-up methods, including emergency contraception.	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Planned return schedule.	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Emergency 24-hour telephone number.	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Location of emergency services.	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Appropriate referral for additional services, if needed.	<input type="checkbox"/>	<input type="checkbox"/>		
M	All clients receive STD/HIV counseling which includes:	<input type="checkbox"/>	<input type="checkbox"/>		
	• Individualized dialogue regarding their personal risks.	<input type="checkbox"/>	<input type="checkbox"/>		
M	Clients with behaviors that put them at risk for STD/HIV receive risk reduction advice and advice on whether a clinical evaluation is indicated.	<input type="checkbox"/>	<input type="checkbox"/>		
	Agency offers the following:				
M	• Education about HIV/AIDS.	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Information on risks and infection prevention.	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Referral services for risk assessment, counseling, and testing.	<input type="checkbox"/>	<input type="checkbox"/>		
S	• HIV testing provided on site done by trained counselors.	<input type="checkbox"/>	<input type="checkbox"/>		
M	When HIV risk assessment counseling and testing are not done onsite, agency provides at-risk clients with a list of providers who do provide these services.	<input type="checkbox"/>	<input type="checkbox"/>		
TX 8.3	History, Physical Assessment, and Lab Testing (See chart review)				
M	INITIAL visit. A comprehensive MEDICAL history is completed at the <u>initial visit</u> on both female and male clients and updated at subsequent clinical visits.	<input type="checkbox"/>	<input type="checkbox"/>		
	Comprehensive medical history must include:	<input type="checkbox"/>	<input type="checkbox"/>		

M = Must S = Should

**WASHINGTON STATE DEPARTMENT OF HEALTH
FAMILY PLANNING AND REPRODUCTIVE HEALTH
ON-SITE MONITOR TOOL FOR TITLE X AGENCIES**

CLINICAL SERVICES SECTION		Compliance?		Comments	Follow-up or Corrective Action Needed with Due Date
		Yes	No		
M	<ul style="list-style-type: none"> Past medical history (i.e., significant illnesses, hospitalization, surgery, blood transfusions or exposure to blood products, and chronic or acute medical conditions) 	<input type="checkbox"/>	<input type="checkbox"/>		
M	<ul style="list-style-type: none"> Allergies 	<input type="checkbox"/>	<input type="checkbox"/>		
M	<ul style="list-style-type: none"> Current medications (including OTC medications) 	<input type="checkbox"/>	<input type="checkbox"/>		
M	<ul style="list-style-type: none"> Social history (i.e., tobacco, alcohol, and recreational drug use) 	<input type="checkbox"/>	<input type="checkbox"/>		
M	<ul style="list-style-type: none"> Immunization and Rubella status 	<input type="checkbox"/>	<input type="checkbox"/>		
M	<ul style="list-style-type: none"> Review of systems 	<input type="checkbox"/>	<input type="checkbox"/>		
M	<ul style="list-style-type: none"> Pertinent history of immediate family members 	<input type="checkbox"/>	<input type="checkbox"/>		
M	<ul style="list-style-type: none"> Partner history (i.e., injectable drug use, multiple partners, risk history for STDs and HIV, bisexuality). 	<input type="checkbox"/>	<input type="checkbox"/>		
	Female reproductive history must include the following:	<input type="checkbox"/>	<input type="checkbox"/>		
M	<ul style="list-style-type: none"> Contraceptive use past and current (including adverse effects) 	<input type="checkbox"/>	<input type="checkbox"/>		
M	<ul style="list-style-type: none"> Menstrual history 	<input type="checkbox"/>	<input type="checkbox"/>		
M	<ul style="list-style-type: none"> Sexual history 	<input type="checkbox"/>	<input type="checkbox"/>		
M	<ul style="list-style-type: none"> Obstetrical history 	<input type="checkbox"/>	<input type="checkbox"/>		
M	<ul style="list-style-type: none"> STD, including HBV -- 	<input type="checkbox"/>	<input type="checkbox"/>		
	<ul style="list-style-type: none"> In utero exposure to diethylstilbestrol (DES) 	<input type="checkbox"/>	<input type="checkbox"/>		
	INITIAL female physical assessment should include:				
S	<ul style="list-style-type: none"> Height/weight 	<input type="checkbox"/>	<input type="checkbox"/>		
S	<ul style="list-style-type: none"> Thyroid, heart, lung, extremities, breasts, abdomen, pelvis, (<i>includes vulvat/bimanual, PAP</i>) and rectal exam (<i>i.e., hemocult for over 40</i>) 	<input type="checkbox"/>	<input type="checkbox"/>		
S	<ul style="list-style-type: none"> STD and HIV Screening, as indicated 	<input type="checkbox"/>	<input type="checkbox"/>		

M = Must S = Should

**WASHINGTON STATE DEPARTMENT OF HEALTH
FAMILY PLANNING AND REPRODUCTIVE HEALTH
ON-SITE MONITOR TOOL FOR TITLE X AGENCIES**

CLINICAL SERVICES SECTION		Compliance?		Comments	Follow-up or Corrective Action Needed with Due Date
		Yes	No		
S	If services are not provided on-site, documentation of appropriate referral for those at-risk should be noted in client's chart	<input type="checkbox"/>	<input type="checkbox"/>		
M	Clinic must stress the importance and provide for health maintenance screening procedures to all clients. These include:	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Blood pressure	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Breast exam	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Pelvic exam/PAP	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Colo-rectal CA screening >40	<input type="checkbox"/>	<input type="checkbox"/>		
M	• STD and HIV screening	<input type="checkbox"/>	<input type="checkbox"/>		
M	Where not provided, client deferral or decline of a health maintenance service is properly document	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Counseling includes information on possible health risks associated with declining or delaying preventive screening tests or procedures.	<input type="checkbox"/>	<input type="checkbox"/>		
M	Requirements for physical examination and laboratory tests stipulated in the prescribing information for a specific contraceptive method are followed.	<input type="checkbox"/>	<input type="checkbox"/>		
M	Physical exam and preventative services are completed within 3 months of initial visit	<input type="checkbox"/>	<input type="checkbox"/>		
M	• When services are deferred, reason for deferral is documented	<input type="checkbox"/>	<input type="checkbox"/>		
M	• In no case is the initial physical exam delayed beyond 6 months unless the clinician has documented compelling reasons.	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Protocols have been developed for ensuring deferrals are not lost to follow-up.	<input type="checkbox"/>	<input type="checkbox"/>		
M	Male reproductive history (See Chart Review Worksheet)				
M	Clinic must stress the importance and provide for health maintenance screening procedures to all clients. These include:	<input type="checkbox"/>	<input type="checkbox"/>		

M = Must S = Should

**WASHINGTON STATE DEPARTMENT OF HEALTH
FAMILY PLANNING AND REPRODUCTIVE HEALTH
ON-SITE MONITOR TOOL FOR TITLE X AGENCIES**

CLINICAL SERVICES SECTION		Compliance?		Comments	Follow-up or Corrective Action Needed with Due Date
		Yes	No		
M	• Sexual history	<input type="checkbox"/>	<input type="checkbox"/>		
M	• STI & Hepatitis B (HBV)	<input type="checkbox"/>	<input type="checkbox"/>		
M	• HIV	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Urological conditions	<input type="checkbox"/>	<input type="checkbox"/>		
	Initial male physical assessment:				
S	• Blood pressure	<input type="checkbox"/>	<input type="checkbox"/>		
S	• Height/weight				
S	• Thyroid, heart, lung, extremities, breasts, abdomen, genital (<i>teach TSE</i>), and rectal exam (<i>if indicated</i>)	<input type="checkbox"/>	<input type="checkbox"/>		
S	• STD and HIV screening	<input type="checkbox"/>	<input type="checkbox"/>		
S	Clinic encourages and provides for health maintenance screening procedures. These include:	<input type="checkbox"/>	<input type="checkbox"/>		
S	• Colo-rectal CA screening >40	<input type="checkbox"/>	<input type="checkbox"/>		
	Laboratory Testing				
	The agency provides the following lab procedures onsite or by referral:	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Pregnancy testing	<input type="checkbox"/>	<input type="checkbox"/>		
S	• GC	<input type="checkbox"/>	<input type="checkbox"/>		
S	• CT	<input type="checkbox"/>	<input type="checkbox"/>		
S	• Diabetes	<input type="checkbox"/>	<input type="checkbox"/>		
S	• Cholesterol & lipids	<input type="checkbox"/>	<input type="checkbox"/>		
S	• Hep B testing	<input type="checkbox"/>	<input type="checkbox"/>		
S	• Syphilis serology (VDRL, RPR)	<input type="checkbox"/>	<input type="checkbox"/>		
S	• Rubella titer	<input type="checkbox"/>	<input type="checkbox"/>		
S	• Urinalysis	<input type="checkbox"/>	<input type="checkbox"/>		
S	• HIV	<input type="checkbox"/>	<input type="checkbox"/>		
	The agency provides the following tests when required by the specific contraceptive method in protocols	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Clients are notified of abnormal lab test results	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Notification procedure maintains client confidentiality	<input type="checkbox"/>	<input type="checkbox"/>		

M = Must S = Should

**WASHINGTON STATE DEPARTMENT OF HEALTH
FAMILY PLANNING AND REPRODUCTIVE HEALTH
ON-SITE MONITOR TOOL FOR TITLE X AGENCIES**

CLINICAL SERVICES SECTION		Compliance?		Comments	Follow-up or Corrective Action Needed with Due Date
		Yes	No		
	Revisits				
M	Revisit schedules must be based on client need for:	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Education	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Counseling	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Clinical care beyond that provided at previous visit.	<input type="checkbox"/>	<input type="checkbox"/>		
S	First time users of OCPs, IUDs, and cervical caps, should be scheduled for early revisit.	<input type="checkbox"/>	<input type="checkbox"/>		
TX 8.4	Fertility Regulation				
S	Consistent use of condoms for risk reduction (HIV/STD) is encouraged	<input type="checkbox"/>	<input type="checkbox"/>		
M	Permanent contraception counseling & consent complies with TX regulations	<input type="checkbox"/>	<input type="checkbox"/>		
TX 8.5	Infertility Services				
	Agency provides level I services, including:				
M	• Initial infertility interview	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Education	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Physical examination	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Counseling	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Referral	<input type="checkbox"/>	<input type="checkbox"/>		
	Level II services:				
S	• Semen analysis	<input type="checkbox"/>	<input type="checkbox"/>		
S	• Ovulatory function	<input type="checkbox"/>	<input type="checkbox"/>		
S	• Postcoital testing	<input type="checkbox"/>	<input type="checkbox"/>		
TX 8.6	Pregnancy Diagnosis and Counseling				
M	Agency provides pregnancy diagnosis and counseling to all clients in need of these services.	<input type="checkbox"/>	<input type="checkbox"/>		
	Pregnancy diagnosis includes:	<input type="checkbox"/>	<input type="checkbox"/>		
M	• History	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Pregnancy test	<input type="checkbox"/>	<input type="checkbox"/>		
M	• HSPT	<input type="checkbox"/>	<input type="checkbox"/>		
S	• Physical assessment including pelvic exam.	<input type="checkbox"/>	<input type="checkbox"/>		

M = Must S = Should

**WASHINGTON STATE DEPARTMENT OF HEALTH
FAMILY PLANNING AND REPRODUCTIVE HEALTH
ON-SITE MONITOR TOOL FOR TITLE X AGENCIES**

CLINICAL SERVICES SECTION		Compliance?		Comments	Follow-up or Corrective Action Needed with Due Date
		Yes	No		
M	When exam is not performed onsite, client is counseled on the importance of receiving an exam (preferably within 15 days).	<input type="checkbox"/>	<input type="checkbox"/>		
M	If ectopic pregnancy is suspected, the client is referred for immediate diagnosis and therapy	<input type="checkbox"/>	<input type="checkbox"/>		
M	Pregnant clients are offered the opportunity for options counseling which includes:	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Prenatal care and delivery	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Infant care, foster care, or adoption	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Pregnancy termination	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Options counseling is neutral, factual and nondirective.	<input type="checkbox"/>	<input type="checkbox"/>		
M	Referrals available upon request, except with respect to any option(s) about which the woman indicates she does not wish to receive such information and counseling	<input type="checkbox"/>	<input type="checkbox"/>		
	Clients electing to continue their pregnancy are:				
S	• Referred for early prenatal care	<input type="checkbox"/>	<input type="checkbox"/>		
S	• Provided information on good health practices during early pregnancy (<i>e.g., good nutrition, avoidance of smoking, drugs, alcohol, x-rays</i>).	<input type="checkbox"/>	<input type="checkbox"/>		
S	Clients with a negative pregnancy test are given information about the availability of contraceptive and infertility services, as appropriate.	<input type="checkbox"/>	<input type="checkbox"/>		
TX 8.7	Adolescent Services				
M	Agency provides family planning services to adolescents	<input type="checkbox"/>	<input type="checkbox"/>		
S	Agency ensures appointments for services or counseling to adolescents are done as soon as possible.	<input type="checkbox"/>	<input type="checkbox"/>		
	Adolescents are informed of the following contraceptive methods:				
M	• Abstinence	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Contraceptives	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Safer sex practices	<input type="checkbox"/>	<input type="checkbox"/>		

M = Must S = Should

**WASHINGTON STATE DEPARTMENT OF HEALTH
FAMILY PLANNING AND REPRODUCTIVE HEALTH
ON-SITE MONITOR TOOL FOR TITLE X AGENCIES**

CLINICAL SERVICES SECTION		Compliance?		Comments	Follow-up or Corrective Action Needed with Due Date
		Yes	No		
S	Counseling provided to adolescents prepares them to use a variety of methods effectively.	<input type="checkbox"/>	<input type="checkbox"/>		
M	Counseling sessions and needed follow-up are confidential.	<input type="checkbox"/>	<input type="checkbox"/>		
M	Services are provided to minors without written consent of parents or guardians.	<input type="checkbox"/>	<input type="checkbox"/>		
M	There is no evidence that parents or guardians are notified before or after a minor has requested and received Title X services.	<input type="checkbox"/>	<input type="checkbox"/>		
S	Counselors encourage family participation in decision of minors to seek family planning services.	<input type="checkbox"/>	<input type="checkbox"/>		
S	Agencies provide counseling to minors on resisting attempts to coerce minors into engaging in sexual activities.	<input type="checkbox"/>	<input type="checkbox"/>		
M	"...No provider of services under Title X of the Public Health Service Act shall be exempt from any State law requiring notification, or reporting of child abuse, child molestation, sexual abuse, rape, or incest." (P.L. 105-277, section 219)	<input type="checkbox"/>	<input type="checkbox"/>		
TX 8.8	Identification of Estrogen-Exposed Offspring				
M	Clients born between 1940-1970 are asked about DES exposure.	<input type="checkbox"/>	<input type="checkbox"/>		
S	Clients exposed receive information/education and special screening either on-site or by referral.	<input type="checkbox"/>	<input type="checkbox"/>		
TX 9.0	RELATED SERVICES				
TX 9.1	Gynecologic Services				
S	Agency provides for the diagnosis and treatment of minor gynecologic problems (Vaginitis, UTI, etc.).	<input type="checkbox"/>	<input type="checkbox"/>		
S	More complex procedures i.e. colposcopy are offered provided that clinicians performing these services have proper training.	<input type="checkbox"/>	<input type="checkbox"/>		
TX 9.2	Sexually Transmitted Diseases and HIV/AIDS				
S	Agency provides for detection and treatment of the more common STDs.	<input type="checkbox"/>	<input type="checkbox"/>		

M = Must S = Should

**WASHINGTON STATE DEPARTMENT OF HEALTH
FAMILY PLANNING AND REPRODUCTIVE HEALTH
ON-SITE MONITOR TOOL FOR TITLE X AGENCIES**

CLINICAL SERVICES SECTION		Compliance?		Comments	Follow-up or Corrective Action Needed with Due Date
		Yes	No		
M	Agency complies with State and local STD reporting requirements.	<input type="checkbox"/>	<input type="checkbox"/>		
M	Gonorrhea and chlamydia tests are available for clients requesting IUD insertions.	<input type="checkbox"/>	<input type="checkbox"/>		
TX 9.3	Special Counseling Agency offers appropriate counseling and referral for the following:				
S	• Future planned pregnancies/ preconception counseling	<input type="checkbox"/>	<input type="checkbox"/>		
S	• Management of a current pregnancy	<input type="checkbox"/>	<input type="checkbox"/>		
S	• Client concerns (e.g., substance use and abuse, sexual abuse, domestic violence, genetic issues, nutrition, sexual concerns, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
TX 9.4	Genetic Information and Referral				
S	Basic information regarding genetic condition is offered to clients who request or are in need of these services.	<input type="checkbox"/>	<input type="checkbox"/>		
S	Referral systems are in place for further genetic counseling and evaluation.	<input type="checkbox"/>	<input type="checkbox"/>		
TX 9.5	Health Promotion/Disease Prevention				
S	Agency provides or coordinates access to health promotion and disease prevention services.	<input type="checkbox"/>	<input type="checkbox"/>		
S	Agency considers the health problems in their community and has developed health promotion strategies to address these problems.	<input type="checkbox"/>	<input type="checkbox"/>		
TX 9.6	Postpartum Care				
S	If postpartum care is provided, it is directed toward assessment of the woman's physical health, initiation of contraception, and counseling and education related to parenting, breast feeding, infant care, and family adjustment.	<input type="checkbox"/>	<input type="checkbox"/>		
TX 10.0	CLINIC MANAGEMENT				
TX 10.1	Equipment and Supplies				
M	Equipment and supplies are appropriate to the type of care offered by the agency.	<input type="checkbox"/>	<input type="checkbox"/>		

M = Must S = Should

**WASHINGTON STATE DEPARTMENT OF HEALTH
FAMILY PLANNING AND REPRODUCTIVE HEALTH
ON-SITE MONITOR TOOL FOR TITLE X AGENCIES**

CLINICAL SERVICES SECTION		Compliance?		Comments	Follow-up or Corrective Action Needed with Due Date
		Yes	No		
M	Clinic follows applicable Federal and State regulations regarding infection control.	<input type="checkbox"/>	<input type="checkbox"/>		
TX 10.2	Pharmaceuticals				
M	Inventory, supply, and dispensing of pharmaceuticals are conducted in accordance with state pharmacy laws and professional practice regulations.	<input type="checkbox"/>	<input type="checkbox"/>		
S	Agency ensures access to other drugs or devices that are necessary for the provision of non-reproductive services within the scope of TX.	<input type="checkbox"/>	<input type="checkbox"/>		
TX 10.3	Medical Records (See Chart Review)				
M	A medical record is established for each client who obtains clinical services.	<input type="checkbox"/>	<input type="checkbox"/>		
M	Medical records are retained in accordance with accepted medical standards and State laws. Records are:	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Complete, legible, and accurate. (<i>Telephone encounters of a clinical nature are documented</i>).	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Signed by the clinician (<i>name, title, date</i>).	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Readily accessible.	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Systematically organized to facilitate prompt retrieval of information.	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Confidential, safeguarded against loss or use by unauthorized persons.	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Secured by lock when not in use.	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Available upon request to the client.	<input type="checkbox"/>	<input type="checkbox"/>		
M	Record contains sufficient information to identify the client, indicate contact information, justify clinical diagnosis, and warrant the treatment and end results. The required content includes:				
M	• Personal data	<input type="checkbox"/>	<input type="checkbox"/>		

M = Must S = Should

**WASHINGTON STATE DEPARTMENT OF HEALTH
FAMILY PLANNING AND REPRODUCTIVE HEALTH
ON-SITE MONITOR TOOL FOR TITLE X AGENCIES**

CLINICAL SERVICES SECTION		Compliance?		Comments	Follow-up or Corrective Action Needed with Due Date
		Yes	No		
M	• Medical history, physical exam, clinical findings, diagnostic/laboratory orders, results, and treatment	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Scheduled revisits	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Documentation of continuing care, referral, and follow up	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Informed consents	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Refusal of services	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Allergies and drug reactions in a prominent and specific location	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Medical record allows for entries by counseling and social service staff	<input type="checkbox"/>	<input type="checkbox"/>		
S	• Problem list in front of chart.	<input type="checkbox"/>	<input type="checkbox"/>		
S	Client financial information is kept separate from chart.	<input type="checkbox"/>	<input type="checkbox"/>		
M	A confidentiality assurance statement appears in the client's record.	<input type="checkbox"/>	<input type="checkbox"/>		
S	HIV information is handled according to state law and kept separate whenever possible.	<input type="checkbox"/>	<input type="checkbox"/>		
M	A written consent of the client is required for release of personally identifiable information, except as may be necessary to provide services to the client or as required by law.	<input type="checkbox"/>	<input type="checkbox"/>		
M	A written consent is obtained for release of personally identifiable information except as required by law.	<input type="checkbox"/>	<input type="checkbox"/>		
TX 10.4	Quality Assurance				
M	QA program provides ongoing evaluation of agency's personnel/services.	<input type="checkbox"/>	<input type="checkbox"/>		
S	A program includes:				
	• Set of clinical, administrative, and programmatic standards by which conformity is maintained within the program.	<input type="checkbox"/>	<input type="checkbox"/>		
S	• Tracking system to identify clients in need of follow-up and / or continuing care.	<input type="checkbox"/>	<input type="checkbox"/>		

M = Must S = Should

**WASHINGTON STATE DEPARTMENT OF HEALTH
FAMILY PLANNING AND REPRODUCTIVE HEALTH
ON-SITE MONITOR TOOL FOR TITLE X AGENCIES**

CLINICAL SERVICES SECTION		Compliance?		Comments	Follow-up or Corrective Action Needed with Due Date
		Yes	No		
S	• Periodic medical audits to determine conformity with agency protocols.	<input type="checkbox"/>	<input type="checkbox"/>		
S	• Peer review procedures to evaluate individual clinician performance.	<input type="checkbox"/>	<input type="checkbox"/>		
S	• Periodic review and update of medical protocols.	<input type="checkbox"/>	<input type="checkbox"/>		
S	• Process to elicit consumer feedback.	<input type="checkbox"/>	<input type="checkbox"/>		
S	• Ongoing documentation of QA activities.	<input type="checkbox"/>	<input type="checkbox"/>		
S	CULTURAL COMPETENCY & HEALTH DISPARITIES Agency has done community assessment to identify type of cultural groups in area.	<input type="checkbox"/>	<input type="checkbox"/>		
S	Agency has procedure to identify cultural and language needs of patients.	<input type="checkbox"/>	<input type="checkbox"/>		
S	Agency has developed written policies & procedures regarding interpreter services.	<input type="checkbox"/>	<input type="checkbox"/>		
S	Agency does not require patients to use family and friends as interpreters	<input type="checkbox"/>	<input type="checkbox"/>		
	List types of language services provided:				
	• Written	<input type="checkbox"/>	<input type="checkbox"/>		
	• Bilingual staff	<input type="checkbox"/>	<input type="checkbox"/>		
	• Interpreter service	<input type="checkbox"/>	<input type="checkbox"/>		
	• Language line	<input type="checkbox"/>	<input type="checkbox"/>		
	• Phone message	<input type="checkbox"/>	<input type="checkbox"/>		

Identify and list training needs of clinical staff:

M = Must S = Should